

PRE-RETIREMENT PAY INFORMATION REQUEST*See enclosed sheet for additional instructions.*

INSTRUCTIONS: Do NOT use this form if you are either a fleet reservist / retiree who has been recalled to active service and are now planning re-retirement, or a reserve member currently serving on active duty and are planning to retire under Chapter 67 of Title 10 United States Code upon the attainment of age 60. Your request must be a future date, but the retirement / transfer date must be no more than one year in the future. Instead, you may request a pre-retirement estimate by writing: **Defense Finance and Accounting Service – Cleveland Center, Retired Pay Department (Code JRSD), 1240 East Ninth Street, Cleveland OH 44199-2058.**

1. Prepare original and one copy of this form. Submit the original to: **Defense Finance and Accounting Service – Cleveland Center, Retired Pay Department (Code JRC), 1240 East Ninth Street, Cleveland, OH 44199-2058.** Retain the copy for your records. A letter, computation sheet and retirement booklet will be mailed to you within ten working days from the **Defense Finance and Accounting Service – Cleveland Center's** receipt of the form.
2. Read the instructions attached to this form carefully before completing each part.
3. Unless otherwise stated in the instructions, complete all items.
4. You may submit as many NAVCOMPT 2274's as you want in order to obtain different pay computation sheets. The submission of a NAVCOMPT 2274 will provide a projection of your retired entitlement based only upon the data you provide us.

PART I – IDENTIFICATION DATA

1. SSN 	2. NAME (Last, First, MI) 	3. RANK/RATE 	4. SERVICE TYPE (Check one) <input type="checkbox"/> USN <input type="checkbox"/> USNR (1) (2)		
5. RETIREMENT TYPE (Check one) <input type="checkbox"/> FLEET RESERVE (1) <input type="checkbox"/> NON-DISABILITY (2) <input type="checkbox"/> TEMPORARY DISABILITY (3) <input type="checkbox"/> PERMANENT DISABILITY (4) (5a) (5b) (5c) (5d)					
6. RETIREMENT/ TRANSFER DATE MO DA YR 	7. EFFECTIVE DATE OF CURRNT RANK/RATE MO DA YR 	8. RETIREMENT RANK/RATE 	9. PAY ENTRY BASE DATE MO DA YR 	10. ACTIVE DUTY BASE DATE MO DA YR 	11. SERVICE CREDIT FOR RETIREMENT (Includes Constructive Svc) MO DA YR
12. RETIREMENT LAW (See Instructions) I O U S C		13. WERE YOU CITED FOR EXTRAORDINARY HEROISM? YES <input type="checkbox"/> NO <input type="checkbox"/> (13a) (13b)			

PART II – DISABILITY REQUIREMENT

13. DISABILITY PERCENT %	14. WERE YOU IN THE SERVICE ON 9/24/75? (15a) <input type="checkbox"/> YES (15b) <input type="checkbox"/> NO (15c) IF NO, COMBAT DISABILITY PERCENTAGE IS _____%
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PART III – SURVIVOR BENEFIT PLAN (SBP)

SBP ELECTION OPTION (Check one and complete birthdates as applicable)				<input type="checkbox"/> SPOUSE AND CHIL(REN) (Provide birthdates for member, spouse, and youngest child. Complete Blocks (18) 21 through 23.) (3)	
<input type="checkbox"/> SPOUSE ONLY (No birthdates required) (1) (16)				<input type="checkbox"/> INSURABLE INTEREST PERSON (Provide birthdate for member and designee. Complete Blocks 21 and 24.) (4) (19)	
<input type="checkbox"/> CHILD(REN) ONLY (Provide birthdates for member and youngest child. Complete Blocks 21 and 23.) (2) (17)				<input type="checkbox"/> DECLINE SBP COVERAGE (Continue directly to PART IV) (5) (20)	
21. MEMBER BIRTHDATE MO DA YR 	22. SPOUSE BIRTHDATE MO DA YR 	23. YOUNGEST CHILD BIRTHDATE MO DA YR 	24. INSURABLE INTEREST PERSON BIRTHDATE MO DA YR 	SBA BASE AMOUNT (Check one) <input type="checkbox"/> FULL GROSS (25) <input type="checkbox"/> REDUCES BASE AMOUNT OF (26) \$ _____	

SUPPLEMENTAL SPOUSE ELECTION (By making an election of supplemental SBP coverage, you waive your right to have an annuity computed under the Social Security Offset provisions of 10 USC 145(e).)

27. ☐ I elect supplemental coverage for the spouse portion of my election (Block 16 or 18 is also completed (See Instructions).) An election for supplemental coverage requires that your coverage be based on full gross pay. Therefore, Block 25 must be checked.

A. ☐ 5% level B. ☐ 10% level C. ☐ 15% level D. ☐ 20% level

**PART IV – FEDERAL
INCOME TAX****PART V – PERSONAL DATA**

28a. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	29. DATE REQUESTED MO DA YR 	32. MAILING ADDRESS FOR PAY COMPUTATION INFORMATION (must be a U.S. mailing address including APO/FPO, if applicable) OTHER ADDRESS INFORMATION (Do not enter name)
	30. PHONE NUMBER Comm. ()	
28b. NUMBER OF EXEMPTIONS	DSN 	NUMBER AND STREET OR ROUTE
31. MEMBER'S SIGNATURE 	CITY 	STATE ZIP CODE

PRIVACY ACT STATEMENT

This information is requested in accordance with 10 U.S. Code, Subtitle 8; 10 U.S. Code, Chapter 73; 5 U.S. Code 301; and Executive Order 9793, to be used within this activity to establish your retired / retainer pay account. The information may be released to taxing authorities regarding tax payments and/or liabilities, and to other agencies to ensure proper entitlement to and receipt of benefits due from this activity or another agency. You are not required to provide this data. However, furnishing it will ensure more timely and accurate dissemination of retired pay information.

PART II – DISABILITY RETIREMENT

If you checked either Block 5c or 5d, complete Part II. Otherwise, skip to Part III.

BLOCK 14: Enter the disability retirement percentage.

BLOCK 15a/b: Check either Block 15a or 15b as appropriate.

BLOCK 15c: If you check Block 15b and your disability has been determined to be combat-related, enter the percentage.

PART III – SURVIVOR BENEFIT PLAN (SBP)

You should obtain assistance from your career counselor before you make a final decision on your SBP participation.

BLOCKS 16 through 18: Check the applicable block that indicates the type of coverage you desire for your dependents. If you check either Block 17 or 18, your election must be for a valid child dependent. A child is valid for coverage under the following conditions:

- a. Under 18 at the time of retirement.
- b. Unmarried over 18 but under 22 years of age and attending school on a full-time basis.
- c. A child who incurred a disability before age 18, or after 18 under condition b above, and incapable of self-support.

BLOCK 19: Check here if you desire coverage for a person with an insurable interest in you. If you check Block 19, you must complete Block 25 and leave Block 27 blank.

BLOCK 20: Check here if you do not desire coverage under SBP.

BLOCK 21: Enter your birthdate here if Block 17, 18, or 19 is checked. Otherwise leave blank.

BLOCK 22: Enter spouse birthdate if Block 18 is checked. Otherwise leave blank.

BLOCK 23: Enter youngest child birthdate if Block 17 or 18 is checked. Otherwise leave blank.

BLOCK 24: Enter insurable interest birthdate if Block 19 is checked. Otherwise leave blank.

BLOCK 25: Check here if you desire the coverage to be based upon your full gross retired / retainer pay.

BLOCK 26: Check here if you desire the coverage to be based upon a reduced portion of your retired / retainer pay. The reduced amount may not be less than \$300.00. Enter the desired amount in the space provided to the right of Block 26.

BLOCK 27: Check if you desire to elect supplemental coverage in 5% increments for your spouse so that, when your spouse reaches age 62 and is paid as an annuitant, you can limit or eliminate the amount of Social Security offset that would reduce the annuity amount. If you check Block 27 and any one of Blocks 27a through 27d, you must have a check in Block 25, since supplemental coverage requires participation based on your full gross pay.

PART IV – FEDERAL INCOME TAX WITHHOLDING INFORMATION

Determine your allowed exemptions, either with the aid of your disbursing office or from instructions available on the IRS Form W-4 and any other IRS publications.

BLOCK 28a: Check the status you desire to claim.

BLOCK 28b: Enter the number of exemptions you are claiming. You must enter a two-position numeric code, ranging from 00 to 99.

PART V – PERSONAL DATA

BLOCK 29: Enter request date in month / day / year format.

BLOCK 30: Enter area code and telephone number and / or your DSN number if known.

BLOCK 31: Sign the form.

BLOCK 32: Enter the address to which you want your pre-retirement information sent. Do not use the OTHER ADDRESS INFORMATION line unless the address is more than two lines long.